Johnson Johnson CONSUMER COMPANIES, INC.

N87981130172

U.S. EPA AGENCY RO II 01 APR 10 AM 8: 12

February 16 2000

CERTIFIED MAIL 7000 0520 0015 3454 7182 RETURN RECEIPT REQUESTED

Mr. Jack Hoyt U.S. EPA Region II 290 Broadway 22nd Floor DEPP-RBR New York, NY 10007-1866

Re:

EPA ID NJD 981 113 172

Advanced Care Products Research

North Brunswick, NJ

Dear Mr. Hoyt:

The Advanced Care Products Research facility that was located at Route 1 South and Milltown Road in North Brunswick, NJ has moved its Research and Development activities to another Johnson & Johnson Family of Companies site. This move was completed in mid-January, 2000.

The Advanced Care Products Research facility had been assigned Generator Number NJD 981113172.

All the chemicals at the site were shipped for proper disposal or were shipped to the new location for this Group. In view of the end of our business activities at the North Brunswick, NJ facility, we would ask that Generator Number NJD 981113172 be placed in the inactive files.

Please call me at 908.874.2552 if there are any questions.

Very truly yours

Director, Env. Affairs

Cc: Mr. M. Harrison

Dr. L. Wearley

Mr. Robert Confer - NJDEP - Trenton, NJ CM RRR 7000 0520 0015 3454 7199

R. Armstrong, MD

Mr. M. Serinese

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 2010

Notification of Regulated Waste Activity

(For Official Use Only)

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EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



December 31, 1998

CERTIFIED MAIL Z 416 609 056 RETURN RECEIPT REQUESTED

Mr. Jack Hoyt U. S. EPA Region II 290 Broadway 22nd Floor DEPP-RBP New York, NY 10007-1866

> Re: EPA ID NJD 981 113 172 Advance Care Products Research North Brunswick, NJ

Dear Mr. Hoyt:

Enclosed is a completed EPA 8700-12 Form with an addendum sheet to cover the different hazardous wastes that can be generated in small quantities at the subject site. We recently reviewed the list of materials that was sent to you in July, 1998 and determined that we had deleted a few wastes from our original submission.

Please call me at (908) 874-2552 if there are any questions.

Stanley I Burd

ery truly yours,

Director, Env. Affairs

Cc: Mr. J. Jakob – Advanced Care Products – North Brunswick Dr. L. Wearley – Advanced Care Products Research – North Brunswick Mr. Robert Confer – NJDEP – Trenton, NJ CM RRR Z 416 609 057 File



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/11/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → NJD981130172

INSTALLATION NAME → | ADVANCED CARE PRODUCTS RESEARCH

INSTALLATION ADDRESS → RTE 1 S & MILLTOWN RD PO BOX 6024

NORTH BRUNSWICK, NJ 08902-0721

MAILING ADDRESS → RTE 1 S & MILLTOWN RD PO BOX 6024

NORTH BRUNSWICK, NJ 08902-0721

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22nd Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: JAKOB, JEFFREY
QA MANAGER
RTE 1 S & MILLTOWN RD
PO BOX 6024
NORTH BRUNSWICK, NJ 08902-0721

Please print or type with ELITE

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

L. Installation's EPA ID Number 1. Name of Installation (Included Included In

EDA

Notification of Regulated Waste Activity

* To avoid delays in processing, please complete all sections.

Only original signature of the Generator is acceptable.

(For Official Use Only)

United States Environmental Protection Agency

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L Installation's EPA ID Number (Mark X' in the appropriate box)	
A. First Notification B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
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V. Installation Mailing Address	
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S a m e ATS TL ocation	Address
City or Town	State Zip Code
V. Installation Contact (Person to be contacted regarding waste activities	District Country and Country C
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From: Jack Hoyt, AWMD, RPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel; (212) 637 4106

98 JUL 15 AM 11:53

F	
	A. Hazardous Waste Activity B. Used Oil Recycling Activity
	. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode.in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. Hazardous Waste Fuel a. Generator Marketing to Bumer b. Other Marketer Who First Claims Oil Meets the Specifications 2. Used Oil Burner - Indicate Type Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control 1. Utility Boiler 2. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ias) a. Process b. Re-refine
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٠	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system observe that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the
	ose persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, an aware/that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation
-	mature ARIGINAL Name and Official Title (Type or print) Date Signed
	Director Director Till 13
	Comments
•	

NO.175 P.5

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expres 9-30-95 GSA No. 0246-EPA-OT

Listed Hazardou	s Wastes. (See 40 C	FR 261.31 - 33; Use th	le page only if you t	need to list more than	1 12 waste codes.
15	74		16*	37	18
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EPA Form 8700-12 (Rev., 11-30-93) Previous edition is obsolete.

Rev. 9/94 (FNA)

Johnson Johnson

CONSUMER COMPANIES

AGENCY RO II

199 GRANDVIEW ROAD, SKILLMAN, NJ 08558-9418

(908) 874 1000 M II: 53

PROGRAMS BRANCH

July 13, 1998

CERTIFIED MAIL P 490 761 837 RETURN RECEIPT REQUESTED

Mr. Jack Hoyt U.S. EPA Region 2 290 Broadway 22nd Floor DEPP-RBP New York, NY 10007-1866

Dear Mr. Hoyt:

Thank you for the advice on how to change the Generator Status for the Advanced Care Products Research facility and for forwarding the current EPA 8700-12 Forms.

Enclosed is a completed EPA 8700-12 Form, with an addendum sheet to list additional hazardous wastes that could be generated at the site. The purpose of this submission is to change the Generator Status from Greater than 1000 kg/mo. to Less than 100 kg/mo.

Please call me at (908) 874-2552 if there are any questions or contact Mr. Jeffrey Jakob at (732) 524-6100.

Very truly yours,

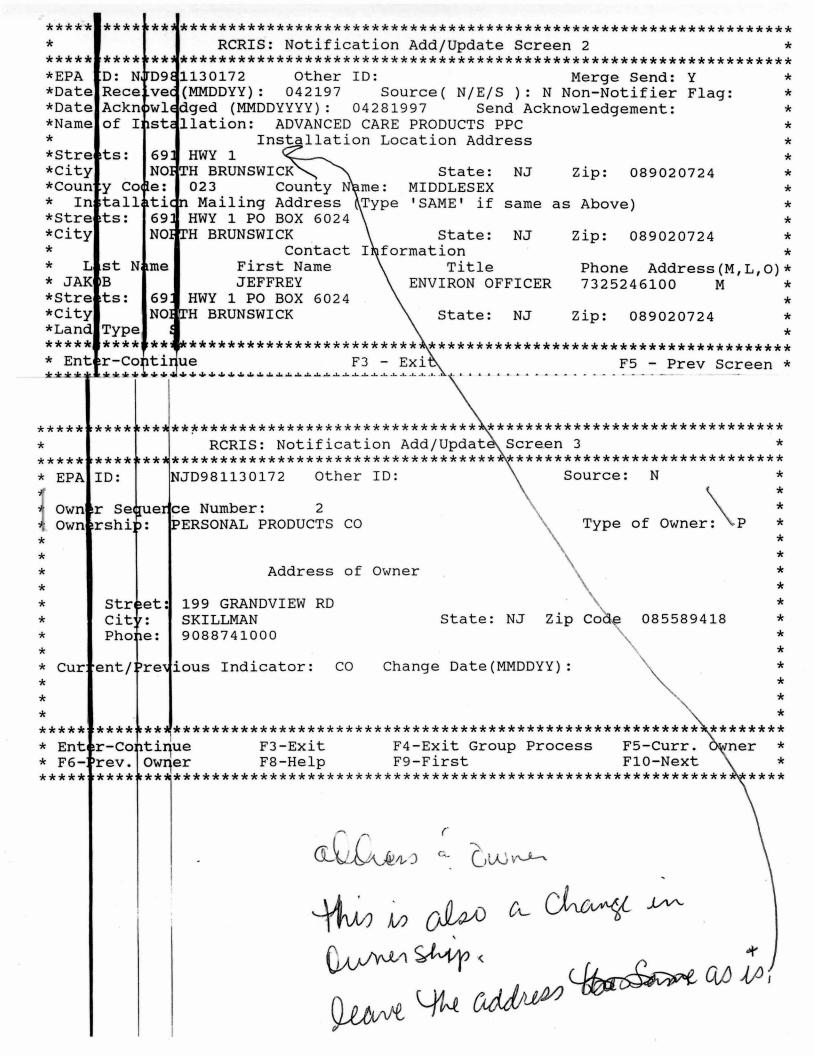
Stanley L. Burd Director, Env. Affairs

Cc: Mr. J. Jakob – Advanced Care Products Research – North Brunswick Dr. L. Wearley - Advanced Care Products Research – North Brunswick Mr. Robert Confer – NJDEP – Trenton, NJ – CM RRR P 490 761 838 File

통하다가 어떻게서 가는데 있는 그는데 상물을 받을 것이다면 하는 가는 이 사는 가장에 가는 사이를 받는다는 나는 사람들이 보는 사람들이 보는 사람들이 되었다.

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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/20/98

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> : NJD981130172

FACILITY NAME -> ADVANCED CARE PRODUCTS RESEARCH

MAILING ADDRESS -> 691 HWY 1 RTE 1 S & MILLTOWN

NORTH BRUNSWICK, NJ 08902-0724

INSTALLATION ADDRESS ->

691 HWY 1 RTE 1 S & MILLTOWN

RD

NORTH BRUNSWICK, NJ 08902-0724

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION 2** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH **RCRA NOTIFICATIONS**

TO: JAKOB, JEFFREY **QA MANAGER** ADVANCED CARE PRODUCTS RESEARCH 691 HWY 1 RTE 1 S & MILLTOWN NORTH BRUNSWICK, NJ 08902-0724

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before competing this form. The information requested here is required by isw (Section 2010 of the Resource Conservation

SEPA

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

on nul-of

of the Resource Conservation and Recovery Act).	United	States Environme	ntal Protection Agency	97-04-21
I. Installation's EPA ID Nur		THE RESIDENCE OF THE PERSON OF		
A. First Notification	B. Subsequent N (Complete item C		C. Installation's EPA ID	Number
II. Name of installation (inc		7	J 12 7 10 17 1	13011172
Advanc	ed Car	P. Pr	004101	5 PPC
III. Location of installation	(Physical address not P.O.	. Box or Houte Nun	iber)	
Street				
Street (Continued)	ghimaly	1/1 1 1		
Ar				
City or Town			State Zip Code	01210121214
County Code County r	1011 14 17 15 1 V	MITCH	M/1018191	0121-101712171
Mid	dlesex			
IV. Installation Mailing Add	iress (See instructions)			
Street or P.O. Box			I Klatat I	70241
City or Town	ig m iwia iyi	1/1 1/10	State Zip Code	(010) [-17]
North	Brunsn	Vick	MJ 089	02-0724
V. Installation Contact (Per	rson to be contacted regar	ding waste activitie	s at site)	+ ,
Name (Last)		(First	1/1/10/06/	
Job Title	1 1 1 1 1 1	(Phor	ne Number (Area Code an	d Number)
Envir	0 f f i ce	2r 90	8-524	-6100
VL Installation Contact Ad-	dress (See Instructions)			
A. Contact Address Location Mailing Other	B. Street or P.O. Box			
City or Town			State Zip Code	
VIII O				-
Vii. Ownership (See Instru A. Name of Installation's L.				
Person	all Pro	duct	5 Co.	
Street, P.O. Box, or Houte	Number	144 179	<i>A</i>	
City or Town	14 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1	IN INIA	State Zip Code	
5 k i 1 / m	an		WJ 085	58-9418
Phone Number (Area Code	and Number)	B. Land C. Own	ner D. Change of Owne pe Indicator	r (Date Changed) Month Day Year
908 07	41-11000	र हा ह	Yes VI No	

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

		ID.	For Official Use	Only
VIII. Type of Regulated Waste Activity	(Mark X in the appropriate b	oxea. Refer to in:	structions.)	
	Waste Activity		Used Oll Recyc	ling Activities
1. Generator (See Instructions)	3. Treasur; Sicrer, Discours	***************************************	Used Oil Fuel Mark a. Marketer Direct	
Greater than 1000kg/mo (2,200 bs) b. 100 to 1000 kg/mo (220-2,200 bs)	Note: A permit is recall this activity; see instruc-		Off to Off-Speci	
C Less than 100 lig/mg (220 be.)	4. Hazardose Waste Fish a. Generator Marketin		Oil Made the S Used Oil Burner - I	pecifications
2. Transporter (Indicate Mode in boxes 1-5 belo	W) is. Other Marketers	-	Combustion Device	
a. For own wasse only b. For commercial purposes	a. Boiler and/or inclust 1. Smeller Belerral		a. Utility Boiler b. Industrial Boiler	***************************************
Mode of Transportation	2. Small Quantity E indicate Type of Combi	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 Industrial Furns Used Oil Fuel Trans 	
1. Air □ 2. Rail	1. Utility Boller		Type(s) of Activity(: a. Transporter	
3. Highway	2. Inclustrat Boiler 3. Inclustrat Furna		b. Transfer facility	
4. Water	5. Underground Injection C	Control 4. Tyr	Used Oil Processor pe(s) of Activity(ies)	/Re-Refiner - Indicate
5. Other - specify		IA	a. Process b. Re-Refine	
IX. Description of Regulated Wastes (New and different to be at the			
A. Characteristics of Nonlisted Hazardous W			racteristics of nonlis	ted hazardous
wastes your installation handles. (See 4 1. Ignitable 2. Corrosive 3. Reactive 4. Tox	0 CFR Parts 261.20 - 261.24)			
7	racteristic (List specific EPA haza	rdous waste number(s)	for the Toxicity charac	lensic contaminant(s))
	0009	0008	0006	0011
B. Listed Hazardous Wastes. (See 40 CF)	R 261,31 - 33. See Instructions if	you need to list mo	re then 12 waste oc	des.)
F007 F003	3 F005 P0	4	5	6 (121217
7 8		10	11 /	12
[P101912 P171015]	P1106 410	10 Z U	0030	10119
C. Offier Wastes. (State or other wastes)	requiring an I.O. number. See ins	tructions.)	-	
X726 X751	XISISIO XI9	05 X	91101	072
X. Certification				
I certify under penalty of law that this docume a system designed to assure that qualified pe	ersonnel properly gather and eval	uate the information	submitted. Based	on my inquiry of
the person or persons who manage the syste submitted is, to the best of my knowledge and	em, or those persons directly resp	onsible for gatherin	a the information, the	ne information
submitting talse information, including the pos	ssibility of fine and imprisonment	for knowing violation	ns.	
Signature Julies Japol	Name and Official Title (type (Date Signed	197
XI. Comments	· · · · · · · · · · · · · · · · · · ·			
Site property is owned by	NJ Economic Dev. A	utherity		
Full name of installation : Advanced C	are Products, Personal Pro	relicts Co. Di	v. of McNeil	-PPC, Inc.
Note: Mail completed form to the appropri	iate EPA Regional or State Offic	ce. (See Section II	l of the booklet fo	r addresses.)

		FRUGRAMS A		I I I I			
IX. Description of	IX. Description of Regulated Wastes (Additional Sheet)						
B. Listed Hazardo	us Wastes. (See 40 C	FR 261.31 - 33; Use th	ils page only if you r	need to list more tha	n 12 waste codes.)		
13	14	15	16	17	18		
19	26 26	21	<u>U 0 8 8</u> 22	23	24		
<u>////2/2</u>	U123	U135	28	U154	30		
411818	411916	4197	11201	11211	WZ23		
<u> </u>	132 11328	33 U353	112113	35 U117	36 U 05 6		
W 11 2	38 ルクフラ	39 // 2 2 0	P012	41 PO18	10918		
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<u>U 2 3 9 </u> 55	<u> </u>	57	58	59	60		
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		103	100				
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115	116	117	118	119	120		

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Rev. 9/94 (FNA)

		ID - For Official Use Only
All. Type of Seculated Waste Activity	(Maric X in the appropriate boxes. Refer t	o matrocions.
	s Waste Activity	B. Used Oil Recycling Activities:
. Generator (See Instructions):	3. Treasur, Storer, Disposer (at installation)	1 Used Of Fuel Marketor
a. Greater than 1000kg/mo (2,200 bs)	Note: A permit is required for	Marketer Directs Shipmens of Used Direct Specification Burners
b. 100 to 1000 kg/mo (220-2,200 lbs)	fris activity; see instructions. 4. Hazarrous Wasse Fini	b. Marketar Who First Claims the Use
a. Lees then 100 lights (220 bs.)	a. Generator Marketing to Burner	Of Meets the Specificalizations 2. Used Of Burner - Indicate Type(s):01
 Transporter (indicate Mode in house 1-6 be 		Combustion Device(s)
a. For own wasse only a	Boller and/or inclusive Figures	a Utility Boiler
b. For commercial purposess.	2: Small Quantity Exemption	e: Industrial Furnace
Mixis of Transportation	Indicate Type of Combuston Device(s)	3. Used CE Fuel Transporter - Indicates
∐1 Ale □2 Reil	2. Industrial Soler	Type(s) of Act, edy(ets)
3: Highway	2. Inclusive Furnice	b. Transfer facility
4. Water	5: Underground Injection Control:	4. Used Oil Processor/Re-Refiner - Indices Type(s) of Activity(les)
6. Other - specify		B. Process
		b. Re-Refine
Y Decodation of Francisco 116	(Use additional sheets if necessary)	
B. Listed Hazardous Wasles.: (See 40 C	First 281.31 - 33. See instructions if you need to it	5 6 11 12 12 13 14 15 15 15 16 15 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16
submitting false information, including the p Signature	possibility of fine and imprisonment for knowing vi	Date Signed
	time (Abe at history	
XI. Comments		
- 10 1		
continuation from	m previous page	Coltemation term

	**************************************	ID - For Official Use Only
	de Activity (Maric X* in the appropriete boxes. Ref	E. Lised Oil Recycling Activities
	Hazardous Wasts Activity	
Girmanico (See instrumente):		S CONTROL CARGOS PARAMETERS
a. Greater than 1000ligmo (b. 100 to 1000 kg/mo (220:2	(2,200 bis) interactively see notice from	Di to Off-Specification Burners b. Markener Who First Claims the U
c. Less than 100 lighter (225	4. HEZEROSE MESERIAL	Oil Meets the Specificationswill
Transporter (Indicate Models) to	and the second s	2. Lised Of Fixmer - Indicate Type(s):0 Combustion Device(s)
4. For two warm only	Bolles and/or industrial Firmace	a. Utility Boiler.
t. Forcemental papers	1. Smeller Celeration 2. Small Quantity Exemption	G: Industrial Furnace
Mode of Transportation	Indicate Type of Combuston Devic	e(s) 3: Used CE Fuel Transporters includes Type(s) of Activity(ins)
∐1 At □2 Rei	1. Utility Britan. 2. Inclustrial Boller	as Transporter
3. Highway	3. Industrial Furnace	b: Transfer facility
4. Water	Linderground Injection Control	Used OI Processor/Pe-Refiner - ind Type(s) of Activity(ins)
5. Other - specify		B. Process b. Re-Paline
		The tensors of the te
Description of Regulate	id Wastes (Use additional sheets if necessary)	
Characteristics of Nonlisted I	Hazardous Wastes. Mark 'X' in the boxes corresponding t	to the characteristics of nonlisted hazardous
wastes your installation hand	des. (See 40 CFR Parts 261.20 - 261.24)	
pritable 2. Corrosive 3. Rea D001) (D002) (D0		number(s) for the Todaty characteristic contaminar
	Cheraciensic (List specific EPA hazardos west	
	$\square \square $	
1 111 -200000000000000000000000000000000	(See 40 CFR 281.31 - 33. See Instructions if you need	
	2 3 4	5 6
7	8 9 10	11 12
Office Waster State or a		
Other Wastes: (State or o	other wastes requiring an I.O. number. See instructions.	5 6
Other Wastes (State or c	other wastes requiring an I.D. number. See instructions.	5 6
Certification	3 4	5 6
Certification ertify under penalty of law that	2 3 4 at this document and all attachments were prepared under	er my direction or supervision in accordance
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/28/97

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA LD. NUMBER -> NJD981130172

FACILITY NAME -> ADVANCED CARE PRODUCTS PPC

MAILING ADDRESS -> 691 HWY 1 PO BOX 6024 NORTH BRUNSWICK, NJ 08902-0724

INSTALLATION ADDRESS -> 691 HWY 1

NORTH BRUNSWICK, NJ 08902-0724

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY **NEW YORK, NEW YORK 10007-1866**

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

JAKOB, JEFFREY TO: ENVIRON OFFICER ADVANCED CARE PRODUCTS PPC 691 HWY 1 PO BOX 6024 NORTH BRUNSWICK, NJ 08902-0724

	SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted
	INSTALLA- TION'S EPA I.D. ND. NAME OF IN- STALLATION		label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items 1, 11, and 111
	INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	below blank. If you did not receive a preprinted label, complete all items "Installation" means a single site where hezardous waste is generated, trantad, stored and/or disposed of, or a trans-
A mariantal	LOCATION III OF INSTAL- LATION		porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FACHA	FOR OFFICIAL	USE ONLY COMMENTS	
A DE			
	FNZBAS	1130/1/2 APPROVED CATE RECEIVED CATE BECKEN TO THE BELL OF THE BEL	
	DRTHO		RESEARCH
	H. INSTALLATIO	ON MAILING ADDRESS STREET OF P.Q. BOX	
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	RARIT	SOTU UTOS	369
	V-25.	ROUTE I SOUTH	
	NORTH	80446	902 MAGGES
The second second	*******************************	TON CONTACT STATE (lost, first, & job Hills)	PHONE NO. (area code à no.)
	OWNERSHIP	GEORGE ASSISTANT DIRECT	02015245190
TACH A	TOHUS	ON AND TOHNS ON THE	
A DE	A TYPE OF (enter the appropri	OWNERSHIP DURY VI. TYPE OF HAZARDOUS WASTE ACTIVITY (e	nter "X" in the appropriate box(es)) TRANSPORTATION (complete item VII)
	M - NON-FE	DEBAI M	UNDERGROUND INJECTION box(es))
	A. AIR	SUBSEQUENT NOTIFICATION	m (specify):
		propriets box to indicate whether this is your installation's first notification of he res notification, enter your installation's EPA LD. Number in the space provided to	Délow,
	XA. PIRET	ROTIFICATION SOMEWHAT NOTIFICATION (complete life	m C/
		ON OF HAZARBOUS WASTES	

				ŵ l		28/4
IX. DESCRIPTION OF A. HAZARDOUS WASTES	FROM NON-SPECIFIC	SOURCES. Enter th	e four-digit number from	40 CFR Part 261.31	for each listed hazardo	ijs
waste from non-specific	2 2	nandles. Use additio	nal sheets if necessary.			
XOOL	xooa					
7		8	10	11	12	
28 - 30	A) 16	22 2 28	38 - 36	39 88	233 pt	
HAZARDOUS WASTES specific industrial sources	FROM SPECIFIC SOUP your installation handle	CES. Enter the four- s. Use additional shee	digit number from 40 CF ts if necessary.	R Part 261,32 for each	i fisted hazardous west	e fron
13	1	78	16	19	18	
23 - 26	25 - 55	123 - 28 223	#2 - 14 22	23 - 34	25 - 14	
					24	
25 - 26	26	27	2.5	23 - 25	30	
193 - 26	23 24	23 - 26	33 - 28	**		
GOMMERCIAL CHEMIC stance your installation has	AL PRODUCT HAZAR! andles which may be a h	DOUS WASTES. Ente szardous waste. Use a	r the four-digit number f	rom 40 CFR Part 261 Y	33 for each chemical s	ub-
31	32	33	34	3.5	36	
25 - 25	23 26	83 86	23 - 28	25 28	23 26	
37	34	39	40	41	#2	
33 - 36 83	23 44 44	28 - 26	35 - 36 46	23 - 26	23 - 26	
LISTED INFECTIOUS W hospitals, medical and res	ASTES. Enter the four-	digit number from 40	CFR Part 261,34 for each	i listed hezerdous was	te from hospitals, veter	inary
49	80	81	12	53	24	
273 - 261	29 - 30	25 85	23 - 56	28 - 26	29 25	
CHARACTERISTICS OF hezerdous westes your inst	NON-LISTED HAZAR tallation handles. (See 4	DOUS WASTES Mar	"X" in the forest engage	conding to the charact	eristics of non-listed	
1. IGNITARI (DOST)	E.E. [DO	2. CORNOSIVE	3. REACT	TVE	A. TOXIC	
CERTIFICATION					PROFESSION AND ADDRESS	
certify under penalty ttacked documents, an believe that the submi- nitting false information	tted information is o	nquiry of inose inc We necurate and c	omplete i amediately i			
NATURE		NAME & OF	FICIAL TITLE (type or pr	int)	DATE SIGNED	
Timothy ME	Lumiess	ENVIRON	UMENTAL EX	JGINEER	8/5/85	
A Form 8700-12 (6-85) R	REVERSE					

LO: -- FOR OFFICIAL USE ONLY